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| **T.C.**  **SELÇUK UNIVERSITY**  **INSTITUTE OF HEALTH SCIENCES** |

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| **STUDENT’S INFORMATION** | |
| **Name and Surname** | Click or tap here to enter text. |
| **T.R. Identity No** | Click or tap here to enter text. |
| **Date/Place of Birth** | / Click or tap here to enter a date. |
| **Student Number** | Click or tap here to enter text. |
| **Department** | Click or tap here to enter text. |
| **Program** | Master’s Degree  Doctorate  Non-Thesis Master's Degree |
| **Status** | Lecture Period  Aptitude  Thesis Term |
| **Your Term M.D.** | 1.  2.  3.  4.  5.  6. |
| **Your Term D.R.** | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10.  11.  12. |
| **Telephone** | Click or tap here to enter text. |
| **Advisor** | Click or tap here to enter text. |
| **Residence address** | Click or tap here to enter text. |

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| **STUDENT** |
| Since I want to execute my military service, I want my military service deferment to be canceled.  I kindly request you to take necessary action.  Click here to enter a date  Student’s Name Surname  SIGNATURE |

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| **ADVISOR** |
| It is within my knowledge that the student namely “name-surname”, whose identity information is given above and whom I am advising, will do his military service.  Click here to enter a date  Student’s Name Surname  SIGNATURE |

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| **DESCRIPTION** | | |
| 1. This form must be filled in on the computer and signed with a blue ink pen. | | |
| Sağlık Bilimleri Enstitüsü Müd.  Konya / TÜRKİYE | E – Posta : sagbil@selcuk.edu.tr | Phone : +90 332 2232453  Fax : +90 332 2410551 |